

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10602720 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
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48	/					
49	/					
50	/					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*	*	*	*
	IND	DEP	IND	DEP
51	/			
52	/			
53	/			
54	/			
55	/			
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100				
TOTAL IND.	12			
TOTAL DEP.	56			
TOTAL CLAIMS	68			